

Idaho Regional Travel and Convention Grant Program Request for Funds

Organization: _____ Grant Contract # _____

Contract Period: _____ to _____

Address: _____ City: _____ Zip: _____

Grant Manager: _____ Phone Number: _____

Interim Request #: _____ Final Request () _____ Tax Payer ID #: _____

1. ITC Funds Awarded \$_____ 4. Total Match Obligation \$_____

2. Less Funds Requested YTD \$_____ 5. Less Match Spent to Date \$_____

3. Balance of ITC Funds \$_____ 6. Balance of Match \$_____

Idaho Travel Council Funds				
(7) Budget Category	(8) Awarded	(8a) Amended	(9) Requested	YTD (10) Expended
	\$	\$	\$	\$

Match Expenditures **THIS REQUEST**

Match Expenditures YEAR-TO-DATE

11. In-kind Match \$ _____

12. Cash Match \$ _____

13. Total Match \$

14. In-kind Match \$_____

15. Cash Match \$ _____

16. Total Match \$

Note: Furnishing false information may constitute a violation of applicable state and federal laws. I certify that the above is correct based on the contractor's official accounting system and records, consistently applied and maintained, and the costs shown above have been made for the purpose of and in accordance with, the terms of the contract. The funds requested are for reimbursement of actual costs made during this time period.

Authorized Signature: _____

Title: _____ Date: _____

Submit by Mail Only to:
Department of Commerce
ITC Grant Program
PO Box 83720
Boise, Idaho 83720-0093